

INSTRUCTIONS TO THE PARTY REQUESTING  
CREDIT FOR DIRECT PAYMENTS

OBLIGOR: Person ordered to make payments  
OBLIGEE: Person receiving payments

If payments have been made directly to obligee, the Clerk cannot adjust the payment record without approval from the Court. If you wish to receive credit for payments made directly to obligee, you must motion the Court.

Enclosed are three forms:

LAW 421 MOTION FOR CREDIT FOR DIRECT PAYMENTS  
LAW 422 AFFIDAVIT REGARDING DIRECT PAYMENTS  
LAW 423 ORDER GRANTING MOTION FOR CREDIT FOR DIRECT PAYMENTS

1. Complete the Motion for Credit for Direct Payments (Motion). A sample form is included for your assistance.
2. If the obligee is willing to complete and sign the Affidavit Regarding Direct Payments (Affidavit), the process will proceed quicker. If the other party is unwilling to sign the Affidavit, you may complete and sign it. You must attach copies of cancelled checks, receipts, or some documentation to support your Motion. A sample form is included for your assistance.

NOTE: YOU MUST FILE THE MOTION AND THE AFFIDAVIT TOGETHER.

3. Complete the top portion of the Order Granting Motion for Credit for Direct Payments (Order).
4. Return to this office:
  - a. the completed Motion
  - b. the completed Affidavit and attachments
  - c. the proposed Order and two copies of the proposed Order
  - d. a stamped, addressed envelope for you and the other party.
5. If both parties agree to the credit, your Motion will be forwarded to the Court without a hearing. However, if the Obligee has received any AFDC monies, the Clerk will schedule a hearing and all parties will be notified.
6. Upon receipt of an Order Granting Motion for Credit for Direct Payments, the Clerk will adjust your case.
7. If you have any questions, please contact the Child Support Department at 637-5413, option #2.

**SCOTT ELLIS, CLERK OF COURT: P. O. Box 219, Titusville, FL 32781-0219**

TITUSVILLE - North Brevard Government Complex - 400 South Street, 2nd Floor, West  
MERRITT ISLAND - Merritt Island Service Complex - 2757 N. Courtenay Parkway, Room 129  
VIERA - Moore Justice Center - 2825 Judge Fran Jamieson Way  
MELBOURNE - 51 S. Nieman Avenue  
PALM BAY - Palm Bay Service Complex - 450 Cogan Drive, SE

**SAMPLE FORM**

<input type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA		<b>CASE NUMBER</b> 05 - -DR-000000-XXXX-XX
<b>DIVISION</b> <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> TRAFFIC	<b>MOTION FOR CREDIT FOR DIRECT PAYMENTS</b>	<b>CLOCK IN</b>
<b>OBLIGOR</b>  TYPE OBLIGOR'S NAME		
<b>OBLIGEE</b>  TYPE OBLIGEE'S NAME		

(check applicable box)

COMES NOW, the above named ☐ Obligor ☐ Oblige, TYPE NAME,

and hereby moves for credit for payments made directly to Oblige, TYPE OBLIGEE'S NAME,

and as grounds therefore alleges as follows:

1. That by an Order of this Court dated DATE OF COURT ORDER, \_\_\_\_\_, Obligor was directed to pay  
\$PAYMENT AMT. per PMT FREQUENCY, to the Clerk of Court for disbursement to Oblige,  
TYPE OBLIGEE'S NAME

2. That, pursuant to the aforesaid Affidavit, the Obligor, made payments totalling \$TOTAL PAID directly to  
the Oblige.

WHEREFORE, ☐ Obligor ☐ Oblige requests this Court enter an Order directing the Clerk of Court to  
credit the above referenced support record in the amount of \$TOTAL PAID.

<u>SIGNATURE OF PERSON FILING MOTION</u> Obligor/Oblige Signature	<b>DATE</b>
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**BAR CODE LABEL**

**SAMPLE FORM**

**SAMPLE FORM**

<b>OBLIGOR/OBLIGEE</b>  <b>TYPE OBLIGOR'S NAME</b> <b>TYPE OBLIGEE'S NAME</b>	<b>AFFIDAVIT REGARDING DIRECT PAYMENTS</b>	<b>CASE NUMBER</b>  05 -       -DR- 000000 - XXXX-XX
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(check applicable box)

I, TYPE NAME OF AFFIANT, the above named ☐ Obligor ☐ Obligee, under  
 (check applicable box)  
 penalty of perjury, do hereby swear and/or affirm that I ☐ received ☐ paid direct the following payments  
 on the dates indicated:

PAYMENT DATE	PAYMENT AMOUNT
<u>IDENTIFY DATES AND AMOUNTS OF EACH PAYMENT</u>	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(check applicable box)

The total amount ☐ received ☐ paid (as evidenced by copies of cancelled checks) through direct payment is  
**\$ TOTAL AMOUNT** \_\_\_\_\_

☐ Neither of the parties hereto have previously received any AFDC monies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 (sign before a notary or deputy clerk)  
 Affiant's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public/Deputy Clerk

**SAMPLE FORM**

**SAMPLE FORM**

<input type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA		<b>CASE NUMBER</b> 05 -        - DR - 000000 - XXXX-XX
<b>DIVISION</b> <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> TRAFFIC	<b>ORDER GRANTING MOTION FOR CREDIT FOR DIRECT PAYMENTS</b>	<b>CLOCK IN</b>
OBLIGOR		
OBLIGEE		

THIS CAUSE coming before the Court on the Motion for Credit for Direct Payments and after review of the General Magistrate/Hearing Officer's Report, it is

**ORDERED AND ADJUDGED:**

1. The Clerk of Court, Brevard County, Florida, is hereby directed to credit the above referenced child support record in the amount of \$ total amount paid, for payment made directly to the Obligee.
2. Unless otherwise directed by the Court, the Obligor shall make all future court ordered payments to the State Disbursement Unit, P.O. Box 8500, Tallahassee, Florida 32314-8500.

xc: Obligor  
Obligee

BY: \_\_\_\_\_

DONE AND ORDERED BREVARD COUNTY, FLORIDA	_____	DATE
	CIRCUIT JUDGE	

**BAR CODE LABEL**

**SAMPLE FORM**

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,  
BREVARD COUNTY, FLORIDA**

**DIVISION: CHILD SUPPORT      CASE NUMBER: 05 -      - DR -      -XXXX-XX**

**OBLIGOR** (name/address/city/state/zip/phone number)      *CLOCK IN*

\_\_\_\_\_

**OBLIGEE** (name/address/city/state/zip/phone number)

\_\_\_\_\_

**MOTION FOR CREDIT FOR DIRECT PAYMENTS**

COMES NOW, the above named      Obligor      Oblige, \_\_\_\_\_, and hereby moves for credit for payments made directly to Oblige, \_\_\_\_\_, and as grounds therefore alleges as follows:

1. That by an Order of this Court dated \_\_\_\_\_, Obligor was directed to pay \$\_\_\_\_\_, per \_\_\_\_\_, to the Clerk of Court for disbursement to Oblige, \_\_\_\_\_.
2. That, pursuant to the attached Affidavit, the Obligor, made payments totaling \$\_\_\_\_\_ directly to Oblige.

WHEREFORE,      Obligor      Oblige requests this Court enter an Order directing the Clerk of Court to credit the above referenced support record in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Obligor/Oblige Signature

\_\_\_\_\_  
Date

<b>OBLIGOR/OBLIGEE</b>	<b>AFFIDAVIT REGARDING DIRECT PAYMENTS</b>	<b>CASE NUMBER</b>  05 -       -DR-       -XXXX-XX
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I, \_\_\_\_\_, the above named ☐ Obligor ☐ Obligee, under penalty of perjury, do hereby swear and/or affirm that I ☐ received ☐ paid direct the following payments on the dates indicated:

PAYMENT DATE	PAYMENT AMOUNT

The total amount ☐ received ☐ paid (as evidenced by copies of cancelled checks) through direct payment is \$\_\_\_\_\_.

Total Amount Paid

☐ Neither of the parties hereto have previously received any AFDC monies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiants Signature (sign before a notary or deputy clerk)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

<input type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA		<b>CASE NUMBER</b> 05 -       - DR -       - XXXX-XX
<b>DIVISION</b> <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> TRAFFIC	<b>ORDER GRANTING MOTION FOR CREDIT FOR DIRECT PAYMENTS</b>	<b>CLOCK IN</b>
OBLIGOR		
OBLIGEE		

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xc: Obligor  
Obligee

BY: \_\_\_\_\_

DONE AND ORDERED BREVARD COUNTY, FLORIDA	_____ CIRCUIT JUDGE	DATE
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**BAR CODE LABEL**